

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

<i>Title of Invention</i>		Unilateral Fixator
<i>Named Inventor(s)</i>		Michael W. Mullaney
<i>Attorney Docket</i>		09811.105001
<i>Express Mail Label No.</i>		EV330778993US

22389 U.S.P.T.O.  
10/664769  
09/17/03

<b>APPLICATION ELEMENTS</b>		<b>ADDRESS TO:</b> Commissioner for Patents Mail Stop Patent Application P.O. Box 1450 Alexandria, VA 22313-1450
		<b>ACCOMPANYING APPLICATION PARTS</b>
1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i>	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i>	
3. <input checked="" type="checkbox"/> Specification, Claims, and Abstract	11. <input type="checkbox"/> Power of Attorney by assignee	
4. <input checked="" type="checkbox"/> Drawings	12. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	
5. Oath or Declaration	13. <input type="checkbox"/> Information Disclosure Statement (IDS) PTO-1449	
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	14. <input checked="" type="checkbox"/> Copies of IDS Citations	
b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i>	15. <input type="checkbox"/> Preliminary Amendment	
(i) <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76.	17. <input type="checkbox"/> Certified Copy of Priority Document(s)	
7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i>	18. <input checked="" type="checkbox"/> Assignee: VisionMed, L.L.C. 135 Wolf Road, Suite 224 Albany, NY 12205	
8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	19. <input type="checkbox"/> Other: _____	
a. <input type="checkbox"/> Computer Readable Form (CRF)		
b. Specification Sequence Listing on:		
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or		
ii. <input type="checkbox"/> paper		
c. <input type="checkbox"/> Statement verifying identity of above copies		

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No: \_\_\_\_\_  
Group/Art Unit: \_\_\_\_\_

Prior application information: Examiner: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS:

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**FEE TRANSMITTAL**Attorney Docket No. 09811.105001  
Express Mail Label No. EV 330778993 US

This sheet accompanies a patent application transmittal for the following application:

Inventor(s): **Michael W. Mullaney**  
Filing Date: **September 17, 2003**  
Title: **Unilateral Fixator**

The filing fee is calculated as shown below:

**1. FILING FEE:**

FOR:	SMALL ENTITY		LARGE ENTITY	
	FEE	FEE PAID	FEE	FEE PAID
X UTILITY FILING FEE	\$375	\$375	\$750	
<input type="checkbox"/> DESIGN FILING FEE	\$165		\$330	
<input type="checkbox"/> PLANT FILING FEE	\$260		\$520	
<input type="checkbox"/> REISSUE FILING FEE	\$375		\$750	
<input type="checkbox"/> PROVISIONAL FILING FEE	\$80		\$160	
	SUBTOTAL (1)	\$375		\$xxx

**2. CLAIMS:**

FOR:	SMALL ENTITY		LARGE ENTITY	
	NO. FILED	NO. EXTRA	RATE	FEE
TOTAL CLAIMS	33 - 20 =	13	x 9 =	\$117
INDEP. CLAIMS	4 - 3 =	1	x 42 =	\$ 42
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED			+140 =	+280 =
	SUBTOTAL (2)		\$159	\$xxx

**3. ADDITIONAL FEES:**

FOR:	SMALL ENTITY		LARGE ENTITY	
	FEE	FEE PAID	FEE	FEE PAID
<input type="checkbox"/> LATE FILING, FEE OR OATH	\$65		\$130	
<input type="checkbox"/> NON-ENGLISH SPECIFICATION	\$130		\$130	
<input type="checkbox"/> OTHER				
	SUBTOTAL (3)	\$xxx		\$xxx

**TOTAL FILING FEES: \$534.00**A check is enclosed for the total amount: **\$534.00**

X Charge any additional fees required under 37 C.F.R. 1.16 or 1.17 to Deposit Account 11-0980.

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